

**ATTACHMENT 1**  
**BOBWHITE RESTORATION TECHNICAL PROPOSAL**  
(Additional Pages may be added as Needed – Include Company Name on additional sheets)

<p>1. Contractor Information:</p> <p>Company Name of Contractor: _____</p> <p>Mailing Address of Contractor: _____</p> <p>_____</p> <p>Telephone No. of Contractor: _____ (office)</p> <p>_____ (cell/mobile)</p> <p>E-mail Address of Contractor: _____ (if applicable)</p>	<p>Tax I.D. #</p> <p>_____</p> <p>DUNS #</p> <p>_____</p>
<p>2. Type of Business</p> <p> <input type="checkbox"/> Company                      <input type="checkbox"/> Co-Partner  <input type="checkbox"/> Corporation                  <input type="checkbox"/> Individual  <input type="checkbox"/> Non-profit </p>	
<p>3. Description of Services provided by Contractor:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>4. Years of experience in this line of work as a prime contractor: _____ Years</p>	
<p>5. Years of experience in this line of work as a sub-contractor: _____ Years</p>	
<p>6. List relevant projects performed by Contractor in the past 3 years:</p> <p>a. Project (Location): _____</p> <p>Contract Amount \$ _____ Period of Performance: _____</p> <p>Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name, address, and telephone number of Principal party to the Contract:</p> <p>_____ (office phone) _____</p> <p>_____ (cell phone) _____</p> <p>_____</p> <p>Name, address, and phone numbers of Subcontractors:</p> <p>_____ (office phone) _____</p> <p>_____ (cell phone) _____</p> <p>_____</p> <p>Was the work completed within the required time period?   <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Explain reasons for not completing work within required time period:</p> <p>_____</p> <p>_____</p>	

b. Project (Location): \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ Period of Performance: \_\_\_\_\_

Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)

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Name, address, and telephone number of Principal party to the Contract:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Name, address, and phone numbers of Subcontractors:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Was the work completed within the required time period? \_\_\_\_ Yes \_\_\_\_ No

Explain reasons for not completing work within required time period:

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c. Project (Location): \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_ Period of Performance: \_\_\_\_\_

Description of Services (i.e. type of logging, equipment used, tasks performed, etc.)

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Name, address, and telephone number of Principal party to the Contract:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Name, address, and phone numbers of Subcontractors:

_____	(office phone)_____
_____	(cell phone)_____
_____	_____

Was the work completed within the required time period? \_\_\_\_ Yes \_\_\_\_ No

Explain reasons for not completing work within required time period:

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7. Plan of Operation for accomplishing this project:

Timber Removal

Unit #	Start Work Date	# of Days to Complete	Contractual Work Dates	Fire Control Equipment	Subcontractor
1					
2					
4					
5					

Field Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Item #	Contractual Item	# Days to Complete	Subcontractor
1	Required Prehaul Roadwork		
2	Required Road Maintenance		
3	Required Erosion Control		

Stewardship Work Items

Item #	Work Activity Description	Start Work Date	# Days to Complete	Equipment	Subcontractor
001	Create Wildlife Openings				
002	Construct RCW Drill Cavities				

Field Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subcontractor Information:

Item #	Name	Address	City	State	Years of Experience
001					
002					

8. Quality Control Plan:

Timber Removal

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
Timber Harvesting			
Prehaul Roadwork			
Road Maintenance			
Erosion Control			

Stewardship Work Items

Work Activity	Frequency of Inspection	Inspector	Remedy for Unacceptable Work
Create Wildlife Openings			
Construct RCW Drill Cavities			

9. Locality of Workforce:

Primary Contractor - Number of employees: \_\_\_\_\_

Number from Western Louisiana/Eastern Texas (Beauregard, Natchitoches, Rapides, Sabine, Vernon, Parishes; Sabine, Newton, San Augustine, Jasper Counties): \_\_\_\_\_

Number from North Louisiana/Texas ( Greater than 60 miles from Contract Area): \_\_\_\_\_

Number from outside North Louisiana/Texas area: \_\_\_\_\_

Subcontractor – Number of employees: \_\_\_\_\_

Number from Western Louisiana/Eastern Texas (Beauregard, Natchitoches, Rapides, Sabine, Vernon, Parishes; Sabine, Newton, San Augustine, Jasper Counties): \_\_\_\_\_

Number from North Louisiana/Texas ( Greater than 60 miles from Contract Area): \_\_\_\_\_

Number from outside North Louisiana/Texas area: \_\_\_\_\_

10. References:

Please have someone from your past projects fill out and return the enclosed Attachment 2 regarding your past performance by faxing the completed form to Holly Morgan at FAX Number (318) 473-7117.

**ATTACHMENT 2**  
**PRESENT/PAST PERFORMANCE QUESTIONNAIRE**

*You have been selected to provide information on the Contractor named in Section A. Please complete Section B and the attached questionnaire and email [hmorgan@fs.fed.us](mailto:hmorgan@fs.fed.us) or FAX attention of Holly Morgan at (318) 473-7117 by COB on \_\_\_\_\_.*

**SECTION A: CONTRACTOR INFORMATION**

1) Contractor's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Point of Contact: \_\_\_\_\_

3) Phone Number: \_\_\_\_\_

4) Contract Number: \_\_\_\_\_ Contract Type: \_\_\_\_\_

5) Project Title: \_\_\_\_\_

6) Period of Performance: \_\_\_\_\_

7) Brief Description/scope of services: \_\_\_\_\_  
\_\_\_\_\_

8) Authorization is hereby granted to provide the information requested in SECTION B of this questionnaire.

\_\_\_\_\_  
Signature of Authorized Contractor Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Contractor Representative

\_\_\_\_\_  
Title

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**SECTION B: RESPONDENT INFORMATION**

A. Name: \_\_\_\_\_

B. Position: \_\_\_\_\_

C. Telephone No: \_\_\_\_\_ FAX No: \_\_\_\_\_

D. Address: \_\_\_\_\_  
\_\_\_\_\_

E. Relationship and Time Involved with Contractor: \_\_\_\_\_  
\_\_\_\_\_

F. Date Questionnaire completed: \_\_\_\_\_

## **CONTRACTOR PERFORMANCE QUESTIONNAIRE**

	EXCELLENT <b>E</b>	ACCEPTABLE <b>A</b>	NOT APPLICABLE <b>NA</b>	MARGINAL <b>M</b>	UNACCEPTABLE <b>U</b>
	<b>Performance Element</b>				<b>Rating</b>
1.	Working relationship with your Company				
2.	Experience in performing work required				
3.	Technical abilities of managers or supervisors				
4.	Knowledge of industry standards or government regulations				
5.	Provision and maintenance of operational equipment during the contract				
6.	Quality of contractor's personnel				
7.	Required personnel were available and ready to work daily				
8.	Record-keeping was accurate and timely				
9.	Compliance with Environmental/Safety/Health/Security requirements				
10.	Work was started and completed on time				
11.	Quality assurance was maintained at all times				
12.	Contractor's inspections were conducted in a timely manner				
13.	Contractor corrected inconsistent work in a timely manner				
14.	Progress of work				
15.	Overall performance of contractor				
16.	Additional Remarks				

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

*Return to Holly Morgan by email at [hmorgan@fs.fed.us](mailto:hmorgan@fs.fed.us) or FAXing both pages to (318) 473-7117.*